1,
ų
::E
1, 🖺
Ļ
:==
:3
ij
1_3

				1	
Please type a	plus sian (+) inside this	box	\rightarrow	+

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nun	nber	SYM 116/118				
First Named Inventor		Philip M. Beart				
COMPLI	ETE IF	KNOWN				
Application Number		/ 60/229,952; 60/23				
Filing Date	Sej	otember 1, 2000				
Group Art Unit						
Examiner Name						

As a below named inventor, I hereby declare that:								
My residence, mailing address, ar	My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and names are listed below) of the sub								
Screen For Glutamate Reuptake Inhibitors, Stimulators, and Modulators								
	***	(7	Title of the Invention)					
the specification of which								
] is attached hereto								
OR			as United	d Stat	tes Application I	Number or F	PCT International	
was filed on (MM/DD/YYYY)	L						(if applicable)	
Application Number		and was a	amended on (MM/DD/\	YYY	Y)		(if applicable).	
I hereby state that I have reviewe amended by any amendment spe				dentif	fied specification	n, including	the claims, as	
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Co	ountry	Foreign Filing Date (MM/DD/YYYY)		Priority Not Claimed	Certified YES	Copy Attached?	
					0000		- 00	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)		Filing Dat	e (MM/DD/YYYY)		1			
					numbers suppleme	al provisiona are listed of ental priority 02B attache	data sheet	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

i Direct all correspondence to: I I	Customer Nur or Bar Code L				OR 🗶	Correspondence address below
Name Patrea L. Pabst						
Address 1201 W. Peachtree	Street					
Address Suite 2000						
City Atlanta				State	GA	ZIP 30309
Country		Telephon	e 404-8	17-84	73	Fax 404-817-8588
I hereby declare that all statements made are believed to be true; and further that made are punishable by fine or imprisor validity of the application or any patent is	t these state nment, or bot	ments we th, under	re made w	ith the k	nowledge that willf	ul false statements and the like so
NAME OF SOLE OR FIRST INV	ENTOR:			A peti	tion has been fil	ed for this unsigned inventor
Given Name Philip M				Family or Sur	Name Beart	
Inventor's Signature						Date
Residence: City Ivanhoe			State		Country Austra	li. Citizenship
Mailing Address 87-89 The Bou	levard					
Mailing Address						
City Ivanhoe	State	معمد وحسمت است النوري الراب		ZIP	3079	Country Australia
NAME OF SECOND INVENTOR	:			A peti	tion has been fi	ed for this unsigned inventor
Given Name Ross D. Family Name O'Shea (first and middle [if any])						
Inventor's Signature Date						
Residence: City Blackburn			State		Country Austr	a. Citizenship
Mailing Address 32 Rishon Avenue						
Mailing Address						
City Blackburn	State			ZIP 3	3130	Country Australia
Additional inventors are being named		suppleme	ntal Additio		ntor(s) sheet(s) PT	D/SB/02A attached hereto.

Please type a plus sign (+) inside this box	+
---	---

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if a	ny:		A petition has been filed	d for th	is unsigned inventor		
Given Name (first and middle [if any])			Family Name	e or St	ırname		
Karina		A	prico				
Inventor's Signature					Date		
Residence: City Forest Hill	State		Country Australia		Citizenship		
Mailing Address 11 Practico Court							
Mailing Address							
City Forest Hill	State		ZIP 3130 C	ountr	, Australia		
Name of Additional Joint Inventor, if a	ny:		A petition has been filed	for this	unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname				
Andrew J.			Lawrence				
Inventor's Signature					Date		
Residence: City Brighton	e: City Brighton State			Country Australia Citizenship			
Mailing Address 332 North Road							
Mailing Address							
City Brighton State ZIP 3187		ZIP 3187	Country Australia				
Name of Additional Joint Inventor, if a	ny:	□ A	petition has been filed for	or this	unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
Maria-Luisa Maccecchini							
Inventor's Signature		-			Date		
Residence: City West Chester State PA			Country United States Citizenship				
Mailing Address 1223 Foxglove Lane							
Mailing Address							
city West Chester	State PA ZIP 19388			Country United States			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECEAR	`
Additional foreign app	lica
Prior Foreign Application Number(s)	
Number (e)	

Please type a plus sign (+) inside this box — PTO/SB/02B (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Supplemental Priority Data Sheet

Additional foreign app	lications:			
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.